Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

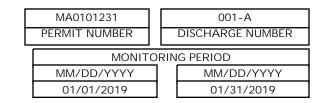
HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM



DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	123	181	lb/d	9	12	17	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1051	****	lb/d	79	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
РН	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	170	272	lb/d	12	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1679	****	lb/d	127	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	3.8	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.76	****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEP	HONE	DATE
	7 Harri Varjassarari, 11 ojost Mariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)2/14/2019
Ī	TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

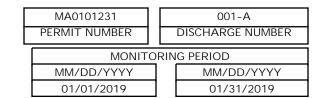
HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM



DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.12	****	.45	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	****	15	****	40	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	10	****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	89	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEPI	HONE	DATE
, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)2/14/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

_			
Γ	MA0101231		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	02/01/2019]	02/28/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35	247	lb/d	3	17	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	795	****	lb/d	70	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	87	232	lb/d	8	16	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1589	****	lb/d	143	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	2.31	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.57	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

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	, irani varjabodian, i roject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)3/15/2019
į	TYPED OR PRINTED	and match, neighing the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2019]	02/28/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.15	****	.47	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	*****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 DAILY MN	****	*****	%		Monthly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Varjabedian	TELEPI	HONE	DATE
, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)3/15/2019
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2019	Ī	02/28/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

WHOLE EFFLUENT TOXICITY DATA

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	i Aram Variahediah	TELEP	DATE	
7 Train Varjaboaran 7 Trojout Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)3/29/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Г	MA0101231	Г	001-A					
⊢		F	00.7.					
	PERMIT NUMBER	L	DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	03/01/2019		03/31/2019					

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54	83	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	919	****	lb/d	68	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	117	167	lb/d	8	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1750	****	lb/d	124	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	2.75	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.72	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

		certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Varjabedian	TELEP	HONE	DATE
Aram Varjabedian/ Pro	,	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)4/12/2019
TYPED OR PRIN		uniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: HULL W P C F

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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
03/01/2019	03/31/2019							

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.2	****	.57	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	12	****	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	94	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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7 traini varjaboarani 11 ojeot Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)4/12/2019
TYPED OR PRINTED	unio matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2019]	04/30/2019				

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101	270	lb/d	5	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1246	****	lb/d	82	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.2	SU		Daily	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	168	443	lb/d	9	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1835	****	lb/d	112	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.61	4.83	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.86	*****	****	MGD		Continuous	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEP	HONE	DATE
/ warn varjabearari, 110jeet wariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)5/14/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231	Γ	001-A					
T	PERMIT NUMBER	Ī	DISCHARGE NUMBER					
Ī	MONITORING PERIOD							
Ī	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2019]	04/30/2019					

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.19	****	.76	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	24	****	160	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	92	****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Varjabedian	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)5/14/2019
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OMB No. 2040-0004

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NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	05/01/2019	1	05/31/2019					

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	44	77	lb/d	4	5	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2272	****	lb/d	199	****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Н	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	100	134	lb/d	8	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4134	****	lb/d	356	****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	1.8	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.42	****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	*****	MGD		Weekly	Grab

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	, warm varjabodiam, i roject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)6/14/2019
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HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

	MA0101231		001-A
H	PERMIT NUMBER	H	DISCHARGE NUMBER
L	TERRIT HOWELT	L	Bloom, it de Howbert
	MONITO	DRI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2019	1	05/31/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.18	****	.57	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	****	11	****	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Varjabedian	TELEPI	DATE	
, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92)6/14/2019	
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2019	1	05/31/2019

DMR Mailing ZIP CODE: 02045-1313 MAJOR \$

(SUBR S)

WHOLE EFFLUENT TOXICITY DATA

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	****	****	*****	> 100	****	****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Aram Varjabedian	TELEPI	HONE	DATE
7 warm varjaboaram mojeot manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92!	5-0906)6/28/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A
\vdash	PERMIT NUMBER	-	DISCHARGE NUMBER
Ļ	TERRITI NOMBER		DISOTIVINGE NOMBER
	MONITO	<u> PRIN</u>	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2019	1	06/30/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	69	lb/d	6	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	880	****	lb/d	83	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Н	SAMPLE MEASUREMENT	****	****	*****	6.6	****	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	163	220	lb/d	16	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2555	****	lb/d	246	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	2.03	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.36	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

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/ warm varjabodiam, i roject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)7/15/2019
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
06/01/2019	06/30/2019							

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.11	****	.49	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)7/15/2019
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL WPCF

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

 MA0101231
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2019
 07/31/2019

DMR Mailing ZIP CODE: 02045-1313 MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	129	lb/d	4	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4374	****	lb/d	302	****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	215	358	lb/d	13	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9130	****	lb/d	639	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.86	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.94	****	****	MGD		Continuous	Recorder (auto)
50050 O O See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

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	, warn varjabbaran, 116jeut Mariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)8/15/2019
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NÄME: '\ HULL W P C F

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HULL, MA 02045

FACILITY: HULL W P C F

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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2019	Ì	07/31/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.12	****	.54	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	14	****	55	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	21	****	220	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Aram Variahedian	TELEPI	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)8/15/2019
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A				
Г	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MONTO	אווא	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	08/01/2019		08/31/2019				

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64	79	lb/d	6	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1617	****	lb/d	148	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Н	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	142	176	lb/d	13	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4326	****	lb/d	396	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.72	1.89	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.45	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	*****	MGD		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEP	DATE	
, warn varjassararn, 110jest warrager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)9/14/2019
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HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

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Γ	MA0101231		001-A				
Г	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MONTO	אווא	G PERIOD				
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	08/01/2019		08/31/2019				

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.2	****	.51	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	12	****	20	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEPI	HONE	DATE
, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)9/14/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' HULL W P C F

ADDRESS: 1111 NANTASKET AVE

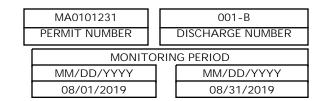
HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM



DMR Mailing ZIP CODE: 02045-1313 \$

MAJOR

(SUBR S) WHOLE EFFLUENT TOXICITY DATA

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	****	****	*****	> 100	****	****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	100 DAILY MN	*****	****	%		Four per Year	24 Hour Composite

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, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92)9/30/2019	
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	40	lb/d	3	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2020	****	lb/d	193	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.3	SU		Daily	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	160	183	lb/d	15	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5900	****	lb/d	566	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	1.69	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.33	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	*****	MGD		Weekly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEP	HONE	DATE
	7 train varjabearan, 1 reject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906		0/14/2019
Ī	TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	WONTE		OTENIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2019]	09/30/2019					

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.25	****	.58	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	17	****	80	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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, warm varjabodiam, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906		0/14/2019
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ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Г	MA0101231	Γ	001-A
⊢	PERMIT NUMBER	⊢	DISCHARGE NUMBER
L	PERIVITI NUIVIBER	L	DISCHARGE NUMBER
	MONITO	2R	ING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019		10/31/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	83	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1740	****	lb/d	162	****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	202	288	lb/d	17	23	23	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4439	****	lb/d	413	****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.61	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.5	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

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	, warm varjabodiam, i roject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906	1/15/2019
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		_	
	MONITO	PRIN	IG PERIOD
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	10/01/2019	1	10/31/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

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TREATED SANITARY WASTEWATER

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.22	****	.63	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	****	14	****	30	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	10	****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%	_	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/01/2019

001-A
DISCHARGE NUMBER

MM/DD/YYYY

11/30/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101	156	lb/d	7	14	14	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1591	*****	lb/d	116	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
РН	SAMPLE MEASUREMENT	****	*****	*****	6.7	****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	231	302	lb/d	17	27	27	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2976	*****	lb/d	224	****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	3.57	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.66	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	*****	MGD		Weekly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEP	HONE	DATE
	7 train varjabeatari, 1 reject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906	2/13/2019
Ī	TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
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11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.24	****	.86	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	****	16	*****	70	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	10	****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	94	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	93	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Aram Variahedian	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925	5-0906	2/13/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

 MA0101231
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2019
 11/30/2019

DMR Mailing ZIP CODE: 02045-1313 MAJOR \$

(SUBR S)

WHOLE EFFLUENT TOXICITY DATA

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	****	****	*****	> 100	****	****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Aram Variahedian	TELEP	HONE	DATE
Aram Varjabedian/ Project Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906	2/26/2019
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL WPCF

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
12/01/2019 12/31/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	79	161	lb/d	3	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1919	****	lb/d	94	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Н	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.6	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	180	368	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4412	****	lb/d	212	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	4.01	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	2.33	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	*****	MGD		Weekly	Grab

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	7 train varjabeatari, 1 reject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)1/14/2020
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

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Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019		12/31/2019

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.37	****	.73	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	10	****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)1/14/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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HULL, MA 02045

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Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
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	01/01/2020]	01/31/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36	61	lb/d	3	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1377	****	lb/d	120	****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	*****	mg/L		Weekly	24 Hour Composite
РН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	110	163	lb/d	10	13	13	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3691	****	lb/d	319	****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.63	2.77	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.49	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	*****	MGD		Weekly	Grab

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TYPED OR PRINTED	and matter, relating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DMR Mailing ZIP CODE: 02045-1313 MAJOR \$

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TREATED SANITARY WASTEWATER

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.12	****	.47	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)2/11/2020
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2020		02/29/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30	37	lb/d	3	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1140	****	lb/d	113	****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	81	137	lb/d	8	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2001	****	lb/d	198	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.61	1.88	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.32	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEPI	HONE	DATE
	, irani varjabodian, i roject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)3/13/2020
į	TYPED OR PRINTED	anomaton, neturing the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

_			
Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2020]	02/29/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.06	****	.35	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Varjabedian	TELEPI	DATE	
, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)3/13/2020
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

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NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
_		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	02/01/2020	1	02/29/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

WHOLE EFFLUENT TOXICITY DATA

External Outfall

No Discharge

		QUAN	NTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	****	****	*****	> 100	****	****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

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, warm varjabodiam, i roject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)3/29/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

Form Approved
OMB No. 2040-0004

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ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
			0.050100
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2020	1	03/31/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55	139	lb/d	3	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1656	****	lb/d	142	*****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	****	6.8	*****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	115	317	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3776	****	lb/d	359	*****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	3.46	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.42	*****	****	MGD		See Permit	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

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į	TYPED OR PRINTED	and match, neighing the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.13	****	.85	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	****	21	****	390	CFU/100 mL	1	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	10	****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated

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, warn varjabbarari, rroject Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)4/15/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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HULL, MA 02045

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Γ	MA0101231	Γ	001-A				
	PERMIT NUMBER	Ī	DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2020		04/30/2020				

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	65	78	lb/d	3	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1839	****	lb/d	97	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	156	167	lb/d	8	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2564	****	lb/d	128	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	3.96	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	****	2.23	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

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MA0101231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2020	04/30/2020							

DMR Mailing ZIP CODE: 02045-1313

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TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.47	****	.91	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	*****	21	****	190	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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HULL, MA 02045

FACILITY: HULL W P C F

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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2020]	05/31/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	61	lb/d	3	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1375	****	lb/d	130	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	*****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	****	6.8	*****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	92	171	lb/d	9	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2064	****	lb/d	197	*****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	2.56	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.37	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

<u> </u>		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEP	HONE	DATE
	wan varjabearan, mejeet wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)6/15/2020
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MA0101231	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
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05/01/2020	05/31/2020							

DMR Mailing ZIP CODE: 02045-1313

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(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.28	****	.71	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	20	*****	350	#/100mL	1	Five per Month	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Varjabedian	TELEPI	HONE	DATE
, warm varjabodiam, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)6/15/2020
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

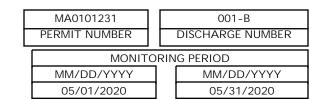
HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM



DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

WHOLE EFFLUENT TOXICITY DATA

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	****	****	*****	> 100	****	****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Aram Variahedian	TELEP	HONE	DATE
, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)6/29/2020
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	06/01/2020]	06/30/2020				

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40	68	lb/d	5	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1814	****	lb/d	236	*****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	118	133	lb/d	16	21	21	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3270	****	lb/d	427	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	1.27	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	*****	*****	.97	*****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	****	MGD		Weekly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEPI	HONE	DATE
, warm varjabodiam, i roject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906)7/15/2020
TYPED OR PRINTED	anomaton, netering the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	06/01/2020	1	06/30/2020						

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.26	****	.79	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	****	18	****	290	CFU/100 mL	1	Six per Month	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	24	****	2000	#/100mL	1	Six per Month	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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, warm varjabodiam, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)7/15/2020
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A					
	PERMIT NUMBER	DISCHARGE NUMBE						
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	07/01/2020]	07/31/2020					

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	98	lb/d	11	14	20	mg/L		Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1846	****	lb/d	240	****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	185	153	lb/d	24	20	45	mg/L		Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2258	****	lb/d	293	****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.51	1.3	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

	CER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evalua	I Aram Variahediah	TELEPI	HONE	DATE
Aram Varjabedian/ Project Mana	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92!	5-0906)8/14/2020
TYPED OR PRINTED	antornation, including the possibility of the did imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
07/01/2020	07/31/2020								

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.32	****	.92	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	****	14	****	50	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	****	10	****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	92	****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

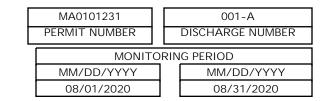
HULL, MA 02045

FACILITY: HULL WPCF

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM



DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42	104	lb/d	6	13	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1145	****	lb/d	149	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	****	6.9	****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	135	252	lb/d	17	32	28	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1875	****	lb/d	239	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.46	1.17	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	****	.94	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

		Leartify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEPI	DATE	
	7 train varjaboaran 11 ojoet manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92!	5-0906)9/14/2020
j	TYPED OR PRINTED	anormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2020	1	08/31/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.33	****	.72	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated

	e information, the information submitted is, to the best of my knowledge and belief, true,	Aram Varjabedian	TELEPI	DATE	
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NÄME: '\ HULL W P C F

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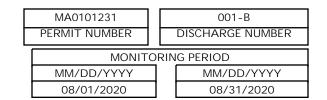
HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM



DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

WHOLE EFFLUENT TOXICITY DATA

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	****	****	*****	> 100	****	****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	****	%		Four per Year	24 Hour Composite

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Aram Variahedian	TELEP	HONE	DATE
Aram Varjabedian/ Project Manager	ction or supervision in accordance with a system designed to assure that qualified sonnel properly gather and evaluate the information submitted. Based on my inquiry of th son or persons who manage the system, or those persons directly responsible for gatherin information, the information submitted is, to the best of my knowledge and belief, true, urate, and complete. I am aware that there are significant penalties for submitting false irmation, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)9/29/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

 MA0101231
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2020
 09/30/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	52	127	lb/d	6	13	13	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1775	****	lb/d	234	****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	*****	****	*****	7	****	7.03	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	128	234	lb/d	17	24	24	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3066	****	lb/d	387	****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.43	1.2	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	.88	****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

1		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Varjabedian	TELEP	DATE	
	7. a.m. varjabodiam, 1. ojošt Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906	0/15/2020
	TYPED OR PRINTED	and match, neighing the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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TREATED SANITARY WASTEWATER

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.31	****	.77	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	****	****	17	****	160	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	****	11	*****	20	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%	_	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

	ne information, the information submitted is, to the best of my knowledge and belief, true,	Aram Varjabedian	TELEPI	HONE	DATE
, warm varjabbaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92!	0/15/2020	
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	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2020]	10/31/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	98	240	lb/d	11	22	22	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1920	****	lb/d	250	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	****	****	****	6.8	****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	157	284	lb/d	19	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2801	****	lb/d	340	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.39	2.28	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.02	****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

		Leartify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEPI	HONE	DATE
	7 train varjaboaran 11 ojoet manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92!	5-0906	1/12/2020
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HULL, MA 02045

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Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
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	10/01/2020]	10/31/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.27	****	.71	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 DAILY MN	*****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	94	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	*****	%		Monthly	Calculated

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, warm varjabbaram, moject manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92!	5-0906	1/12/2020
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL WPCF

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
11/01/2020 11/30/2020

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38	59	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1222	****	lb/d	133	*****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.6	*****	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	132	179	lb/d	14	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2323	****	lb/d	251	*****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.34	1.57	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	*****	*****	1.08	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	****	MGD		Weekly	Grab

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	, warm varjabodiam, i roject wariager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)92	5-0906	2/15/2020
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(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.42	****	.88	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	****	****	%		Monthly	Calculated

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NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

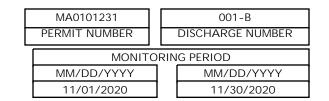
HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM



DMR Mailing ZIP CODE: 02045-1313 MAJOR \$

(SUBR S)

WHOLE EFFLUENT TOXICITY DATA

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	****	****	*****	> 100	****	****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	100 DAILY MN	*****	****	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Aram Variahediah	TELEPI	HONE	DATE
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TREATED SANITARY WASTEWATER

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	95	lb/d	6	7	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2600	****	lb/d	188	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	*****	mg/L		Weekly	24 Hour Composite
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	238	255	lb/d	18	23	23	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4454	****	lb/d	325	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.29	3.23	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	****	*****	1.74	*****	****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	****	MGD		Weekly	Grab

		R i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Aram Variahedian	TELEP	DATE	
	7 train varjabearan, 1 reject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)1/14/202
Ī	TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ HULL W P C F

ADDRESS: 1111 NANTASKET AVE

HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	12/01/2020]	12/31/2020					

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.23	****	.64	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	*****	10	*****	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	*****	10	*****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

	Control of the contro	Aram Varjabedian	TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)1/14/202
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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HULL, MA 02045

FACILITY: HULL W P C F

LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	G PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2021		01/31/2021

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	104	lb/d	3	8	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4775	*****	lb/d	475	****	****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Н	SAMPLE MEASUREMENT	****	*****	*****	6.5	****	7.7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	79	273	lb/d	8	21	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4189	*****	lb/d	424	****	****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	Req. Mon. MO AVG	****	****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.27	2.29	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	*****	*****	1.28	****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	*****	MGD		Weekly	Grab

		R i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquirry of the	Aram Variahedian	TELEP	DATE	
	, warm varjabediam, i reject ivianager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)2/11/202
Ī	TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 1111 NANTASKET AVE

HULL, MA 02045

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Γ	MA0101231		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2021	Ì	01/31/2021

DMR Mailing ZIP CODE: 02045-1313

MAJOR \$

(SUBR S)

TREATED SANITARY WASTEWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	.13	****	.64	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	.7 MO AVG	****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	****	*****	*****	16	*****	60	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	35 MO AVG	****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	88 MO GEO	****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

I	Control of the contro	Aram Varjabedian	TELEPI	DATE	
, warm varjaboaram, rroject Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)925-0906)2/11/202
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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